

FISCAL YEAR 1997-98
SHOR T-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES
 July 1, 1997 through June 30, 1998

SERVICE FUNCTION	MODE OF SERVICE CODE	SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/ MEDI-CAL MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	05:			
Hospital Inpatient		10-18	client Day	\$707.85
Hospital Administrative Day		19	Client Day	\$214.90
Psychiatric Health Facility (PHF)		20-29	Client Day	\$400.13
Adult Crisis Residential		40-49	Client Day	\$225.63
Adult Residential		65-79	Client Day	\$110.04
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B. DAY SERVICES	10:			
Crisis Stabilization				
Emergency Room		20-24	Client Hour	\$70.05
Urgent Care		25-29	Client Hour	\$70.05
Day Treatment Intensive				
Half Day		81-84	Client 1/2 Day	\$106.78
Full Day		85-89	Client Full Day	\$149.97
Day Rehabilitation				
Half Day		91-94	Client 1/2 Day	\$62.29
Full Day		95-99	Client Full Day	\$97.22
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C. OUTPATIENT SERVICES	15:			
Case Management, Brokerage		01-09	Staff Minute	\$1.50
Mental Health Services		10-19		
		30-59	Staff Minute	\$1.92
Medication Support		60-69	Staff Minute	53.57
Crisis Intervention		70-79	Staff Minute	92.88